

**DEPARTMENT OF COMMERCE,
EASTERN REGIONAL SECURITY OFFICE
WORKSHEET FOR FOREIGN NATIONALS**

1. Full name of Foreign Nat'l _____
(Last, First, Middle)
2. Other names and dates used: _____
3. Place of Birth: _____
(INCLUDE CITY, COUNTY, STATE AND COUNTRY, IF OTHER THAN THE US)
4. Citizenship: _____ Dual Citizenship: _____ Country of Residence: _____
5. Non U.S. Citizens Pass Port/VISA or Certification Number: _____
6. Date of Birth: _____
7. Social Security Number: _____
10. Sex: Male ☐ Female ☐
11. Has foreign nat'l worked for DOC in the past? Yes ☐ No ☐
Location: _____
12. Work Location: _____
(Agency/Organization) (Duty City/State)
13. Period of visit: Beginning date: _____ Ending date: _____

ARREST RECORD:

14. During the **last 10 years** have you ever forfeited collateral, been convicted, been imprisoned, been on probation or parole? Yes ☐ No ☐ (You may omit any traffic violation **under** \$100.00)
15. Are you now under any charges for any violation? Yes ☐ No ☐
16. Have you ever been convicted by a military court-martial or received Non-Judicial punishment under the Uniformed Code of Military Justice? Yes ☐ No ☐
17. In the last **five years**, have you ever possessed used or manufactured illegal drugs?
Yes ☐ No ☐

HEALTH CARE

18. Have you **ever** seen a health care professional for the treatment of an alcohol, drug, mental or emotional disorder? Yes ☐ No ☐ Date: _____

**IF YOU ANSWERED "YES" TO ANY OF ITEMS 13-18, PLEASE EXPLAIN YOUR ANSWER ON
A SEPARATE SHEET OF PAPER.**

THIS SECTION TO BE COMPLETED BY REQUESTING OFFICIAL:

1. Name: _____
Phone: (____) ____ - _____
2. Agency and Location Mailing Address: (include city and state) _____

3. Position Title of Foreign Nat'l _____
 - a. Position Category: ____ (IT) ____ Administrative/Clerical ____ Technical ____ Other
 - b. Level of (IT) access: ____ User/Applications ____ Network Administrator ____ Global Access
 - c. Position sensitivity: ____ Low Risk ____ Moderate Risk ____ High Risk
4. Organizational Code: _____
5. Will access to departmental facilities be restricted to normal office hours or under escort?
Yes ☐ No ☐
6. Furnish accounting data if visit is for more than 180 days
Accounting Data _____
7. If the visit is for less than 180 days, this form must be sent to security for Regional Security Officer review. ***Please be sure that Item 13, Period of Visit, is filled in on page 1 of this form.***

THE FACILITY MANAGER PERMITTING THE VISIT ACCEPTS FULL RESPONSIBILITY AND RISK FOR THE ACTIONS OF THE NON-EMPLOYEE (S).

Conditions of Approval:

- Non-Employee facility access is restricted to only the area(s) necessary to perform task as required.
- Access to sensitive information and agency assets are appropriately controlled and protected.
- Non-Employee after-hour access without escort is prohibited.
- Non-Employee is subject to the Department of Commerce security policies and the facility security policies and procedures to include IT Security.
- Non-compliance is immediate grounds to terminate access to facility.
- Any infraction or incident will be immediately reported to the servicing security office.

Date of Request

Signature of Requesting Official

Date Received

Date Processed

Conditionally Approved: Yes ☐ No ☐ Date: _____

CARROLL R. WARD, SA
Eastern Regional Security Officer